

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-030711

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

317

Primary Registration District No.

500

Registrar's No.

2109

STATE FILE NUMBER

FILED JUL 22 1963

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)

Maryridge

Length of stay in lb

23 Years

c. FULL NAME OF (If NOT in hospital, give location)

9922 St. Martha La,

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

Missouri b. COUNTY St. Louis

a. STATE

Mary Ridge

c. CITY OR TOWN

9922 St. Martha La,

d. STREET ADDRESS

9922 St. Martha La,

e. CITY OR TOWN

9922 St. Martha La,

f. STREET ADDRESS

9922 St. Martha La,

g. CITY OR TOWN

9922 St. Martha La,

h. STREET ADDRESS

9922 St. Martha La,

i. CITY OR TOWN

9922 St. Martha La,

j. STREET ADDRESS

9922 St. Martha La,

k. CITY OR TOWN

9922 St. Martha La,

l. STREET ADDRESS

9922 St. Martha La,

m. CITY OR TOWN

9922 St. Martha La,

n. STREET ADDRESS

9922 St. Martha La,

o. CITY OR TOWN

9922 St. Martha La,

p. STREET ADDRESS

9922 St. Martha La,

q. CITY OR TOWN

9922 St. Martha La,

r. STREET ADDRESS

9922 St. Martha La,

s. CITY OR TOWN

9922 St. Martha La,

t. STREET ADDRESS

9922 St. Martha La,

u. CITY OR TOWN

9922 St. Martha La,

v. STREET ADDRESS

9922 St. Martha La,

w. CITY OR TOWN

9922 St. Martha La,

3. NAME OF DECEASED

(Type or print)

First

Edward

Middle

R.

Last

Blake

4. DATE OF DEATH

Month

July 1,

Day

1963

Year

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11/29/1897

9. AGE (last birthday)

65

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Machinist

10b. KIND OF BUSINESS OR INDUSTRY

Machinist

11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Edward Blake

13b. MOTHER'S MAIDEN NAME

Jennie Dawes

14. NAME OF HUSBAND OR WIFE

Anna Blake

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates)

No

No

16. SOCIAL SECURITY NO.

01

17. INFORMANT

Anna Blake 9922 St. Martha La,

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

PULMONARY EMPHYSEMA

INTERVAL BETWEEN ONSET AND DEATH

UNKNOWN

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Arteriosclerotic Heart Disease

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 5-20-67 to 1 July 63 and last saw him alive on 30 June 63

Death occurred at 1:30 AM. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

Robert McLean M.D.

22b. ADDRESS

4401 Hampton

22c. DATE SIGNED

2 July 63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

7/31/1963

23c. NAME OF CEMETERY OR CREMATORY

St. Paul Church Yard

23d. LOCATION (City, town, or county)

St. Louis County Mo.

24. FUNERAL DIRECTOR

Collier Mortuary, St. Ann, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

7-2-63

26. REGISTRAR'S SIGNATURE

John B. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Sheldon Collier

Licensed Embalmer No.

3382

P. O. Address

St. Ann Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.